## **EDINBURGH PERINATAL DEPRESSION SCALE (EPDS)**

## **INSTRUCTIONS:**

Please mark one box for each question that is the closest to how you have felt in the PAST SEVEN DAYS.

| <ul> <li>1. I have been able to laugh and see the funny side of things:</li> <li>0 As much as I always could</li> <li>1 Not quite as much now</li> <li>2 Definitely not so much now</li> <li>3 Not at all</li> </ul>   | 6. Things have been getting on top of me:  ☐ 3 Yes, most of the time I haven't been able to cope at all ☐ 2 Yes, sometimes I haven't been coping as well as usua ☐ 1 No, most of the time I have coped quite well ☐ 0 No, I have been coping as well as ever  |
|--|---|
| <ul> <li>2. I have looked forward with enjoyment to things:</li> <li>0 As much as I ever did</li> <li>1 Rather less than I used to</li> <li>2 Definitely less than I used to</li> <li>3 Hardly at all</li> </ul>   | <ul> <li>7. I have been so unhappy that I have had difficulty sleeping:</li> <li>3 Yes, most of the time</li> <li>2 Yes, sometimes</li> <li>1 Not very often</li> <li>0 No, not at all</li> </ul>   |
| <ul> <li>3. I have blamed myself unnecessarily when things went wrong:</li> <li>3 Yes, most of the time</li> <li>2 Yes, some of the time</li> <li>1 Not very often</li> <li>0 No, never</li> </ul>   | <ul> <li>8. I have felt sad or miserable:</li> <li>3 Yes, most of the time</li> <li>2 Yes, quite often</li> <li>1 Not very often</li> <li>0 No, not at all</li> </ul>   |
| <ul> <li>4. I have been anxious or worried for no good reason: <ul> <li>0 No, not at all</li> <li>1 Hardly ever</li> <li>2 Yes, sometimes</li> <li>3 Yes, very often</li> </ul> </li> <li>5. I have felt scared or panicky for no very good reason: <ul> <li>3 Yes, quite a lot</li> </ul> </li> </ul> | <ul> <li>9. I have been so unhappy that I have been crying:</li> <li>3 Yes, most of the time</li> <li>2 Yes, quite often</li> <li>1 Only occasionally</li> <li>0 No, never</li> <li>10. The thought of harming myself has occurred to me:</li> <li>3 Yes, quite often</li> <li>2 Sometimes</li> <li>1 Hardly ever</li> <li>0 Never</li> </ul> |
| <ul><li>□ 2 Yes, sometimes</li><li>□ 1 No, not much</li><li>□ 0 No, not at all</li></ul>   | ATTENTION: If you have had ANY thoughts of harming yourself, please tell your Provider today.   |
| Comments:  |   |

TOTAL SCORE:\_\_\_\_/30